

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

Mary's Political Action Committee

ADDRESS (number and street) ▼

PO Box 30844

☐ Check if different than previously reported. (ACC)

Bethesda

MD

20824

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00365338

3. IS THIS  
REPORTNEW  
(N)

OR

AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15  
Quarterly Report (Q1)☐ July 15  
Quarterly Report (Q2)☐ October 15  
Quarterly Report (Q3)☐ January 31  
Year-End Report (YE)☐ July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐ Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)  
(Non-Election  
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)  
(Non-Election  
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☒ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M / D D D / Y Y Y Y Y Y

in the  
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y  
12 01 2011

through

M M M / D D D / Y Y Y Y Y Y  
12 31 2011

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Kevin McGuire

Signature of Treasurer

Kevin McGuire

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y  
01 31 2012

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Mary's Political Action Committee

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y Y
12		01		2011

To:

M M	/	D D	/	Y Y Y Y Y
12		31		2011

	COLUMN A This Period	COLUMN B Calendar Year-to-Date															
6. (a) Cash on Hand January 1, <table><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td colspan="5">2011</td></tr></table>	Y	Y	Y	Y	Y	2011						<table><tr><td colspan="5">20337.21</td></tr></table>	20337.21				
Y	Y	Y	Y	Y													
2011																	
20337.21																	
(b) Cash on Hand at Beginning of Reporting Period.....	<table><tr><td colspan="5">24861.53</td></tr></table>	24861.53															
24861.53																	
(c) Total Receipts (from Line 19) .....	<table><tr><td colspan="5">11300.82</td></tr></table>	11300.82					<table><tr><td colspan="5">90338.58</td></tr></table>	90338.58									
11300.82																	
90338.58																	
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<table><tr><td colspan="5">36162.35</td></tr></table>	36162.35					<table><tr><td colspan="5">110675.79</td></tr></table>	110675.79									
36162.35																	
110675.79																	
7. Total Disbursements (from Line 31).....	<table><tr><td colspan="5">12392.72</td></tr></table>	12392.72					<table><tr><td colspan="5">86906.16</td></tr></table>	86906.16									
12392.72																	
86906.16																	
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<table><tr><td colspan="5">23769.63</td></tr></table>	23769.63					<table><tr><td colspan="5">23769.63</td></tr></table>	23769.63									
23769.63																	
23769.63																	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<table><tr><td colspan="5">0.00</td></tr></table>	0.00															
0.00																	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<table><tr><td colspan="5">0.00</td></tr></table>	0.00															
0.00																	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# DETAILED SUMMARY PAGE

## of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Mary's Political Action Committee

Report Covering the Period:

From:

 M M / D D / Y Y Y Y Y  
 12 / 01 / 2011

To:

 M M / D D / Y Y Y Y Y  
 12 / 31 / 2011
**I. Receipts**
**COLUMN A**  
**Total This Period**
**COLUMN B**  
**Calendar Year-to-Date**

## 11. Contributions (other than loans) From:

## (a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

300.00

16800.00

(ii) Unitemized .....

0.00

0.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

300.00

16800.00

(b) Political Party Committees .....

0.00

0.00

(c) Other Political Committees

(such as PACs).....

11000.00

26500.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ..... ▶

11300.00

43300.00

## 12. Transfers From Affiliated/Other

Party Committees.....

0.00

47019.35

## 13. All Loans Received .....

0.00

0.00

## 14. Loan Repayments Received.....

0.00

0.00

## 15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

## 16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

## 17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.82

19.23

## 18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5) .....

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),  
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

11300.82

90338.58

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ..... ▶

11300.82

90338.58

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	7392.72	40906.16
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	7392.72	40906.16
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	5000.00	46000.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	12392.72	86906.16
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	12392.72	86906.16

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	11300.00	43300.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	11300.00	43300.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	7392.72	40906.16
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	7392.72	40906.16

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 14  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Mary's Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. James Redden**

Mailing Address 2647 6th Street  
Unit 6

City State Zip Code  
Santa Monica CA 90405

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Information Requested

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 30 2011

Transaction ID : SA11AI.4924

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

300.00

300.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 7 OF 14

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Mary's Political Action Committee**

Full Name (Last, First, Middle Initial)

## **A. College of American Pathologists Political Action Committee (PathPAC)**

Mailing Address 1350 I Street NW  
Suite 590

City State Zip Code  
Washington DC 20005

FEC ID number of contributing  
federal political committee.

**C** C00274944

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 16 / 2011

**Transaction ID : SA11C.4917**

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

## **B. Comcast Corporation Political Action Committee**

Mailing Address 1701 JFK Boulevard  
35th Floor

City State Zip Code  
Philadelphia PA 19103

FEC ID number of contributing  
federal political committee.

**C** C00248716

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 21 / 2011

**Transaction ID : SA11C.4916**

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

## **C. Novo Nordisk Changing Diabetes PAC**

Mailing Address 1155 F Street NW  
Suite 1150

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C** C00424838

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 21 / 2011

**Transaction ID : SA11C.4914**

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

8500.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 14  
(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Mary's Political Action Committee**

Full Name (Last, First, Middle Initial)

## **A. Verizon Communications, Inc. Good Government Club**

Mailing Address 1300 I Street NW  
Suite 400 West

City Washington State DC Zip Code 20005

FEC ID number of contributing  
federal political committee.

**C** C00186288

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 21 / 2011

**Transaction ID : SA11C.4913**

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

## **B.**

Mailing Address

City State Zip Code

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

## **C.**

Mailing Address

City State Zip Code

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2500.00

11000.00



**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 9 OF 14

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Mary's Political Action Committee

Full Name (Last, First, Middle Initial)

**A. AT&T Data Center**

Mailing Address 375 Riverside Parkway

City	State	Zip Code
Lithia Springs	GA	30122-3866

Purpose of Disbursement  
PAC Internet Service

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		15		2011

Transaction ID : SB21B.4905

Amount of Each Disbursement this Period

25.00
-------

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Bankcard Center**

Mailing Address PO Box 569200

City	State	Zip Code
Dallas	TX	75356

Purpose of Disbursement  
SEE MEMO ITEMS

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		15		2011

Transaction ID : SB21B.4892

Amount of Each Disbursement this Period

3792.52
---------

Full Name (Last, First, Middle Initial)

**C. Bankcard Center**

Mailing Address PO Box 569200

City	State	Zip Code
Dallas	TX	75356

Purpose of Disbursement  
PAC Service Fee

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		15		2011

Transaction ID : SB21B.4903

Amount of Each Disbursement this Period

30.00
-------

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

3792.52
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 10 OF 14

☒ 21b    ☐ 22    ☐ 23    ☐ 24    ☐ 25    ☐ 26  
☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

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NAME OF COMMITTEE (In Full)

Mary's Political Action Committee

Full Name (Last, First, Middle Initial)

**A. Campaign Financial Services**

Mailing Address PO Box 30844

City

Bethesda

State

MD

Zip Code

20824-0844

Purpose of Disbursement

PAC Compliance Consulting

001

Candidate Name

Category/  
Type

Office Sought:

☐

House

☐

Senate

☐

President

Disbursement For:

☐

Primary

☐

General

☐

Other (specify) ▼

State:

District:

Date of Disbursement

M M M /  
12D D D /  
14Y Y Y Y Y Y  
2011

Transaction ID : SB21B.4890

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Epiphany Productions, Inc.**

Mailing Address 104 Hume Avenue

City

Alexandria

State

VA

Zip Code

22301

Purpose of Disbursement

SEE MEMO ITEMS

003

Candidate Name

Category/  
Type

Office Sought:

☐

House

☐

Senate

☐

President

Disbursement For:

☐

Primary

☐

General

☐

Other (specify) ▼

State:

District:

Date of Disbursement

M M M /  
12D D D /  
28Y Y Y Y Y Y  
2011

Transaction ID : SB21B.4897

Amount of Each Disbursement this Period

2838.97

Full Name (Last, First, Middle Initial)

**C. Epiphany Productions, Inc.**

Mailing Address 104 Hume Avenue

City

Alexandria

State

VA

Zip Code

22301

Purpose of Disbursement

PAC Lodging

002

Candidate Name

Category/  
Type

Office Sought:

☐

House

☐

Senate

☐

President

Disbursement For:

☐

Primary

☐

General

☐

Other (specify) ▼

State:

District:

Date of Disbursement

M M M /  
12D D D /  
28Y Y Y Y Y Y  
2011

Transaction ID : SB21B.4899

Amount of Each Disbursement this Period

2136.75

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

3338.97

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 11 OF 14

☒ 21b    ☐ 22    ☐ 23    ☐ 24    ☐ 25    ☐ 26  
☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

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NAME OF COMMITTEE (In Full)

Mary's Political Action Committee

Full Name (Last, First, Middle Initial)

**A. Epiphany Productions, Inc.**

Mailing Address 104 Hume Avenue

City Alexandria      State VA      Zip Code 22301

Purpose of Disbursement  
PAC Airfare

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State:      District:

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
12      28      2011

Transaction ID : SB21B.4900

Amount of Each Disbursement this Period

664.80

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Epiphany Productions, Inc.**

Mailing Address 104 Hume Avenue

City Alexandria      State VA      Zip Code 22301

Purpose of Disbursement  
PAC Gift Bags/Mementos

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State:      District:

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
12      28      2011

Transaction ID : SB21B.4901

Amount of Each Disbursement this Period

37.42

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. LG's Prime Steakhouse**

Mailing Address 255 South Palm Canyon Drive

City Palm Springs      State CA      Zip Code 92262-6369

Purpose of Disbursement  
PAC Meal Expense

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State:      District:

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
12      15      2011

Transaction ID : SB21B.4906

Amount of Each Disbursement this Period

197.94

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

0.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 12 OF 14

☒ 21b    ☐ 22    ☐ 23    ☐ 24    ☐ 25    ☐ 26  
☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

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NAME OF COMMITTEE (In Full)

**Mary's Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Macario's Grill**

Mailing Address 80793 Indio Boulevard

City Indio                      State CA                      Zip Code 92201

Purpose of Disbursement  
PAC Meal Expense

003

Candidate Name

Category/  
Type
Office Sought:    ☐ House  
                         ☐ Senate  
                         ☐ President

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

State:                      District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
12                      15                      2011
**Transaction ID : SB21B.4908**

Amount of Each Disbursement this Period

58.78

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**B. RW Springer Consulting, LLC**Mailing Address 3307 Northland Drive  
Suite 310

City Austin                      State TX                      Zip Code 78731

Purpose of Disbursement  
PAC Accounting Services

001

Candidate Name

Category/  
Type
Office Sought:    ☐ House  
                         ☐ Senate  
                         ☐ President

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

State:                      District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
12                      14                      2011
**Transaction ID : SB21B.4891**

Amount of Each Disbursement this Period

225.00

Full Name (Last, First, Middle Initial)

**C. United Airlines**

Mailing Address PO Box 66423

City Chicago                      State IL                      Zip Code 60666

Purpose of Disbursement  
PAC Airfare

002

Candidate Name

Category/  
Type
Office Sought:    ☐ House  
                         ☐ Senate  
                         ☐ President

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

State:                      District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
12                      15                      2011
**Transaction ID : SB21B.4910**

Amount of Each Disbursement this Period

1740.40

**[MEMO ITEM]****SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

225.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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☒ 21b    ☐ 22    ☐ 23    ☐ 24    ☐ 25    ☐ 26  
☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

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NAME OF COMMITTEE (In Full)

Mary's Political Action Committee

Full Name (Last, First, Middle Initial)

**A. United Airlines**

Mailing Address PO Box 66423

City Chicago      State IL      Zip Code 60666

Purpose of Disbursement  
PAC Airfare

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State:      District:

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
12 / 15 / 2011

Transaction ID : SB21B.4911

Amount of Each Disbursement this Period

1740.40

[MEMO ITEM]

**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City      State      Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State:      District:

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City      State      Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State:      District:

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

0.00

7356.49

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Mary's Political Action Committee

Full Name (Last, First, Middle Initial)

**A. Friends of Connie Mack, Inc.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		16		2011

Mailing Address PO Box 519

City	State	Zip Code
Naples	FL	34106

**Transaction ID : SB23.4893**Purpose of Disbursement  
PAC Contribution

011

Amount of Each Disbursement this Period

Candidate Name

Connie Mack

Category/  
Type

5000.00

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For: 2012

☒ Primary ☐ General  
☐ Other (specify) ▼

State: FL District: 00

**B.**

Full Name (Last, First, Middle Initial)

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Mailing Address

City	State	Zip Code

Purpose of Disbursement

Category/  
Type

Amount of Each Disbursement this Period

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**C.**

Full Name (Last, First, Middle Initial)

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Mailing Address

City	State	Zip Code

Purpose of Disbursement

Category/  
Type

Amount of Each Disbursement this Period

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

5000.00
5000.00